

**Membership Application**

**Mississippi Association of Entomologists, Nematologists,**

**and Plant Pathologists**

# NAME:

**COMPANY:**

**EMAIL ADDRESS:**

**TELEPHONE NO.:**

|  |  |  |
| --- | --- | --- |
|  | **FEE** | **AMOUNT ENCLOSED** |
| **Regular Membership** | **$25.00** |  |
| **Student Membership** | **$5.00** |  |
| **SUBTOTAL** |  |  |
| **\*Association Scholarship (Optional)** |  |  |
| **TOTAL** |  |  |

\*Contributions to the association scholarship fund are invested.

|  |
| --- |
| **Please return this form and your check for fees to****MEA Treasurer, Box 9775, Mississippi State, MS 39762-9775****Or Fax: 662-325-8837** |